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**TB CARE I**

# **TB CARE I-Nigeria (COP)**

**Year 1  
Quarterly Report  
January-March 2012**

**April 30, 2012**

## Quarterly Overview - COP

<b>Reporting Country</b>	<b>Nigeria-COP</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partner</b>	<b>FHI, MSH, WHO</b>
<b>Date Report Sent</b>	April 30 2012
<b>From</b>	Emmy van der Grinten
<b>To</b>	Temitayo Odusote
<b>Reporting Period</b>	<b>January-March 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
3. Infection Control	88%
4. PMDT	85%
5. TB/HIV	57%
6. Health Systems Strengthening	81%
7. M&E, OR and Surveillance	73%
<b>Overall work plan completion</b>	<b>77%</b>

### Most Significant Achievements

TB IC training and establishment of TB IC committees in 15 TB CARE I project sites and comprehensive training of clinical (5 clinicians, 1M : 4F) and support staff ( 9, all females) of UCH on MDR TB was conducted.

National TBHIV Working Group was held in 27th January 2012 in Abuja. The key outcome was the identification of 7 priority areas and targets for TBHIV collaborative activities in 2012; scale up access to HIV testing among TB patients (from 81% in 2011 to 85% by end of 2012); scale up access to CPT for HIV positive TB patients (from 69% to 80% by 2012); scale up access to ART for HIV positive TB patients (from 43% to 60% by 2012); scale up TB screening among people living with HIV (100% target); scale up access to IPT among people living with HIV and who do not have active TB (to place at least 20,000 PLHIV on IPT by end of 2012); strengthen Coordination at all levels and implement IC in all facilities especially the comprehensive facilities.

A TOT training was conducted with 21 participants (17M:4F) on TH/HIV collaborative activities to scale up training at state level and the training of lab staff on AFB microscopy and HIV rapid testing, 36 staff trained (9M:27F)

Finally the renovation of 24 DOTS centers and 15 AFB microscopy labs was completed this quarter for

### Overall work plan implementation status

The overall implementation status is 77%. The initial workplan covered 5 quarters of implementation. The coming quarter will be the final quarter to be used for the agreed activities. 2 ILEP Meetings (with the Country Representatives, Medical Advisers, M&E Officers and Financial Officers in attendance) were held during the quarter under reporting to discuss the status of work plan implementation and the need to accelerate the implementation of the pending activities.

### Technical and administrative challenges

The major challenge was on security issues for most parts of the country, which limited access for implementation of activities. The Netherlands Leprosy Relief and The Leprosy Mission Nigeria (to a lesser extent) support the states in the Northern part of the country where the security challenges remain largest.

## Quarterly Technical Outcome Report - COP

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
3.1	Increased number of facilities implementing infection control activities	Number of facilities implementing infection control measures	Number of facilities implementing infection control measures	50	150		No facilities reported the completion of infection control plan during the quarter	The health facilities are yet to finalize on the plans and submit to ILEP. We report only what is accomplished and not work in progress
3.2	Improved personal protection of staff at the MDR Treatment Center	Proportion of staff working at the MDR Treatment Center wearing respirators	Numerator: Number of staff wearing respirators Denominator: Total number of staff working in the MDR Treatment Center	NA	100%		No data to report as supervisory visit to the UCH treatment site is yet to be conducted	

Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
4.1	Increased capacity at the MDR Treatment Center	Number of staff trained	Number of staff trained (disaggregated by gender, training and cadre)	NA	33	32	1 DR-TB Doctor (Male) and 2 Nurses( females) from UCH attended for one week training on Clinical and Programatic management of DR TB at Lala Ram Sarup Institute of Tuberculosis and Respiratory diseases located at South Delhi, India	
4.2	Increased support provided for patients on MDR Treatment	Number of MDR patients on MDR treatment receiving support	Number of MDR patients on MDR treatment receiving medical and socioeconomic support	23	50	48	During the quarter, a total of 25 patients(16 M and 9 F) on treatment are receiving social support. UCH is the only site treating MDR patients	A major constraint on the indicator is the total number of bed space at the facility which is 25

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
5.1	Reduced burden of HIV among TB patients	Proportion of registered TB patients tested for HIV	Numerator: Number of registered TB patients tested for HIV Denominator: Total number of registered TB patients	86%	90%	85.2%		
		Proportion of dually infected patients receiving CPT	Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients	48%	70%	46%	Of 875 patients dually infected (M=435;F=440), only about 65% received CPT (M=279; F=292).	For some time now facilities have been reporting shortage of cotrim
		Proportion of dually infected patients on ART	Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients	39%	60%	39.5%	Even fewer proportion 54% of the co infected patients accessed ART services (M=250; F=220)	
	Custom Mission Indicator	Number of service outlets providing treatment for TB to HIV infected individuals (diagnosed or presumed) in a palliative care		226	234	288	Total facilities providing TB/HIV services is 288. 6 facilities were added this quarter.	However some facilities have been encroached on whilst some others are not functional due to staff attrition; security challenges etc
	Custom Mission Indicator	Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including		30,507	38,000	39,541	A total of 13,359 individuals (M=7370; F=5,989)received C and T for HIV and received their test results during the quarter	

	Custom Mission Indicator	Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed)		NA	656	693	A total of 159 (M=65; F=94) health facility and laboratory staff were trained during the quarter. Additionally 186 persons were trained on Infection Control from 15 health facilities (M=89; F=97)	
	Custom Mission Indicator	Number of TB suspects counseled for HIV		32,355	30,000	38,339	A total of 13,902 TB suspects (M=7294; F=6608) were counseled for HIV during the quarter	
	Custom Mission Indicator	Number of TB patients counseled for HIV		12,330	13,000	11,671	A total of 4,609 (M=2704; F=1905) TB patients were counseled for HIV during the quarter	
	Custom Mission Indicator	Number of TB suspects who are HIV positive		4,343	5,000	4,995	Total TB suspect positive for HIV was 1,533 (M=775; F=758) representing about 16% of those tested (9588)	
	Custom Mission Indicator	Number of TB patients who are HIV positive		2667	4,000	2,472	Co-infected patients during the quarter stood at 875 (M=435; F=440) representing 23.2% of those tested	






## Technical Area 6. Health Systems Strengthening










Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	Improved infrastructure for service delivery	Number of DOTS clinics renovated	Number of DOTS clinics renovated	96	150	45 (clinic 23; lab 22)	A total of 24 clinics and 15 laboratories were renovated during the quarter	
6.2	Enhanced diagnostic services	Number of lab equipment functional (microscopes/GeneXpert)	Number of lab equipment functional disaggregated by type	48	80	80	75 microscopes / 5 Genexpert machines were procured	














## Technical Area 7. M&E, OR and Surveillance


Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
7.1	Improved quality of TB/HIV data	Proportion of sites reporting valid TB/HIV data	Numerator: Number of sites reporting valid TB/HIV data Denominator: Total number of sites visited for DQA	NA	80%		None this quarter. Result for the indicator is obtained when DQA is conducted. This is done semi annually.	

## Quarterly Activity Plan Report - COP













Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Increased number of facilities implementing IC activities	3.1.1	Organize 1-day IC training at facility level	KNCV	99,000	 75%	Jun	 2012	Trainings on Infection Control were conducted in 15 new TB CARE I supported health facilities within the quarter. Infection control committees were established in all the sites though the infection control plans are in various stages of development. One facility has however completed its IC plan (First Referral Hospital Serti in Taraba State). During the training staff of all key departments in the health facilities participated. Practical demonstrations were done to stimulate discussion based on the particularities of the health facility. Many of the facilities involved were new TB CARE supported sites.
3.2 Improved personal protection of staff	3.2.1	Procurement of auxilliary drugs and respirators	KNCV	9,203	 100%	Jul	 2011	TB CARE I budget for this activity has been utilized, but DFB is still funding the procurement of these items.
					 88%			




Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Increased capacity at the MDR Treatment Center	4.1.1	Refresher training for nurses at UCH	KNCV	1,841	 100%	Sep	 2011	1 DR-TB Doctor and 2 Nurses from UCH attended for one week training on Clinical and Programatic management of DR TB at Lala Ram Sarup Institute of Tuberculosis and Respiratory diseases located at South Delhi, India. Objectives of the training covered Diagnosis and Laboratory investigation of DR TB, Clinical Management of DR TB and XDR TB, Community DR TB Care, Nursing care for DR TB patients, Programmatic issues in DR TB and DR TB is special situations.
	4.1.2	Training GOPD MOs on management of MDR TB at UCH	KNCV	515	 100%	Sep	 2011	Training was conducted for the resident doctors working in the chest unit on the management of MDR TB at UCH. The training took place from September 23 - 24, 2011. The training has as its objectives: 1) To learn the basic concept of MDR TB 2) mechanisms of drug resistance TB 3) MDR TB management 4) current issues on MDR TB management 5) learn from pilot experiences in MDR TB treatment centre UCH Ibadan and 6) infection control measure in MDR TB treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approaches in the management of MDR TB patients; feedback from the patient on their understanding of MDR TB. Recommendations from the training include the suggestion to increase the
	4.1.3	Training ward mates on MDR TB and IC at UCH	KNCV	243	 100%	Sep	 2011	During the reporting quarter, training was conducted for ward mates on MDR TB and Infection Control. The training took place at UCH on September 15, 2011 and was aimed at helping participants 1) To understand the basic concept of MDR TB; 2) To know the universal precaution 3) To understand infection control measure in DR TB Treatment centre. In all, 9 participants were trained (3 ward maids and 6 hospital assistants, all females. A major challenge was the shortness of time (1 day). It was recommended to conduct refreshers quarterly.
	4.1.4	Support study tour for staff working in UCH MDR TB ward	KNCV	38,595	 100%	Mar	2012	Three clinical staff at UCH MDR TB ward were supported to go Latvia for clinical attachment on MDR TB care. One male clinician and 2 female nurses. On there returned they did a step down discussions on their experiences with all there colleagues in the facility, especially on nursing care & infection control.
	4.1.5	Support training on SPSS software for nurses	KNCV	154	 100%	Aug	 2011	Training was organised for 3 female nurses on SPSS software on 24th of December 2011, in UCH MDR TB Treatment Centre. The training was aimed at introducing the nurses to e-data management and basic analysis using SPSS. The following topics were covered: Introduction to computer, MS word, MS Excel, SPSS and nurse role in e-data management and practical session was organised. It is expected that after training, the nurses will be able to use electronic data management and to be able to compile and analyse the data and eventually use e-










4.2 Increased support provided for patients on MDR Treatment	4.2.1	Support transportation MDR TB patients plus 1 family member	KNCV	3,041	 75%	Dec	 2011	One (1) patient was discharged and was given support for transport with 1 member of their family last quarter.
	4.2.2	Support baseline and monitoring investigations for MDR TB patients	KNCV	24,324	 75%	Dec	 2011	12 Baseline investigations done for patients on admission/intensive phase in this quarter included CXR and FBC while some patients needed to repeat investigations including CXR, serum K and Cr when indicated. Baseline audiometry was also conducted.
	4.2.3	Feeding of MDR TB patients on admission	KNCV	91,216	 75%	Dec	 2011	UCH has a bed space of 25. UCH admitted 12 patients during the quarter (7M; 5F). However, 25 people on admission were fed during the quarter.
	4.2.4	Social support for MDR TB patients on discharge	KNCV	6,081	 75%	Jun	 2012	Food items such as Rice, Semovita and Groundnut oil and Beverages (Milo, Sugar and Milk) were procured and distributed to patients during the quarter.
	4.2.5	Support for transport of sputum for culture	KNCV	30,831	 75%	Jun	 2012	Sputa samples were sent for diagnosis for 20 patients on continuation phase that were due for two monthly sputum culture in this quarter.
	4.2.6	Quarterly monitoring visits from MDR Treatment Centre to patients after discharge	KNCV	13,751	 75%	Jun	 2012	Quarterly monitoring visits were conducted to a total of 41 patients on continuation phase during the quarter by a medical team from MDR TB treatment centre (DR TB Nurses) between January to March, 2012 in 12 States (Oyo, Osun, Lagos, Ekiti, FCT, Nasarawa, Bauchi, Benue, Abia, Anambra, Imo). The purpose of the visits were to follow up patients' treatment, to check treatment adherence, investigations, challenges faced by the TBLS and to provide technical support to the state TBLS. Some of the challenges identified include the loss of job by some patients which negatively impacts their ability to maintain, feed and house themselves. Also noted was the lack of home visits by TBLS due to non allocation of funds for transportation. On the Job training on DR TB were done and health education and counselling for all the patients especially counselling on family planning for the women in reproductive age group.
	4.2.7	Support routine MDR surveillance	KNCV	2,270	 75%	Mar	2012	At the moment, the routine surveillance is restricted to the use of Gene Xpert as an entry point for diagnosis of DR-TB in Nigeria. Recording and reporting tools have been developed and there is a logistic support to transport samples to the designated Gene Xpert laboratories by Global fund.

 85%


























Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Reduced burden of HIV among TB patients	5.1.1	Support QMs of subcommittees of the National TB/HIV Working Group	WHO	11,376	 50%	Jan	 2012	The first quarter meeting of the National TBHIV Working Group was held in 27th January 2012 in Abuja. The key outcomes include 1. Identification of 7 Priority areas and targets for TBHIV collaborative activities in 2012. The Priority Area 1: Scale up access to HIV testing among TB patients(from 81% in 2011 to 85% by end of 2012);Priority area 2: Scale up access to CPT for HIV positive TB patients(from 69% to 80% by 2012); Priority Area 3: Scale up access to ART for HIV positive TB patients(from 43% to 60% by 2012); Priority Area 4: Scale up TB screening among people living with HIV(100% target); Priority Area 5: Scale up access to IPT among people living with HIV and who do not have active TB(to place at least 20000 PLHIV on IPT by end of 2012); Priority Area 6: Strengthen Coordination at all levels. and Priority Area 7: Implement IC in all facilities especially the comprehensive facilities. The plan for achieving this target were discussed and agreed upon. To scale up IPT the group also identified the need to organize a National IPT stakeholders meeting; this was scheduled to be held in April 2012. The next meeting of the TBHIV Working Group will be held on 23rd April 2012.
	5.1.2	Support National TB/HIV Task Team	KNCV	62,162	 0%	Dec	 2011	The National Task team had met and identified challenges and priority areas for the National supervision in 2012; 4 states will be visited in May 2012.
	5.1.3	Support end term evaluation of National TB/HIV Strategic Framework	WHO	36,824	 0%	Mar	 2012	Due to completing activities of the NTBLCP (particularly Phase 2 Round 9 development) this activity will take place from 4-8 June 2012.
	5.1.4	Support development of new TB/HIV Strategic Framework	WHO	32,006	 0%	Mar	 2012	Same as in activity 5.1.3
	5.1.5	Review TB/HIV and HCT training modules	KNCV	8,716	 100%	May	 2011	Activity completed.
	5.1.6	Organize TOT on TB/HIV collaboration and HCT	KNCV	40,628	 100%	Feb	 2012	The second batch of the TOT on TB/HIV collaborati held this quarter, with 21 participants (M:F 17:4) from 7 states. The objectives of the course were, to describe various ways to ensure effective and high quality training; demonstrate facilitation technique in the training; Identify participants that need follow up and further on the job training and; evaluate the process and outcome of trainings carried out. After the training participants are expected to organise TB/HIV training for GHWCs in their respective States

5.1.7	Organize 3Is Training for C&T Centers	KNCV	31,014	 100%	Nov	 2011	The 3Is Training was organized from November 24-25 2011 at the Bayelsa Guest House in Abuja. 23 Participants (16 male / 7 female) from Abia, Nassarawa and Yobe State attended the training. The participants came from the State TBL Control Programme, State HIV/AIDS Control Programme as well as Care and Treatment Centres. The training (developed under the TBCAP project) covered the following subjects: 1) Epidemiology TB 2) Isoniazid Preventive Therapy 3) Intensified TB Casefinding 4) Infection Control. At the end of the training the following points of action were agreed on: 1) NTBLCP: supervision of implementation 3Is, ensuring availability of Isoniazid 2) State Teams: support the facilities in developing infection control plans 3) TBCARE I: support follow up visits to the health facilities for effective implementation.
5.1.8	Adaptation of modules on diagnosis of sputum smear negative TB	WHO	23,318	 100%	Mar	 2012	The NTBLCP with support from WHO organized a one week meeting from 4th - 9th December to develop a draft DR-TB training modules for building the capacity of GHW and Programme staff; during this meeting a module for diagnosis of smear negative was also adopted by selected members of the team for pre-testing during the training of Medical Officer on Smear Negative TB .
5.1.9	Organize training on diagnosis of sputum smear negative TB	WHO	38,252	 0%	Mar	 2012	This activity has not been conducted. Planned for June 2012 after the review of the TBHIV strategic framework.
5.1.10	Training DOTS staff of TB/HIV collaborative activities	KNCV	176,473	 75%	Jun	 2012	DOTS Trainings were conducted for selected health personnel during the quarter. The training was aimed at improving the knowledge and skills of General Health care workers on current policy on TB management (DOTS) with emphasis on TB/HIV collaboration in Nigeria. The specific objectives were to provide participants with basic knowledge of TB and HIV, to know who a TB suspect is and understand the process of sputum collection, to know the side effects of drugs and appropriate actions, to understand the eligibility criteria for IPT and CPT, provide an understanding on basic infection control measures among others. The methodology employed include:- power point presentations, self study, discussions, demonstration, punctuated lecture, role play and case studies. The states involved were Adamawa, Taraba, Nasarawa, Oyo, Osun and Benue. In all, a total of 49 persons were trained made up of 23 Males and 26 females.
5.1.11	Training of lab staff of AFB microscopy and HIV testing	KNCV	141,876	 75%	Jun	2012	Laboratory staffs from TBCARE I supported sites were trained on AFB microscopy in line with the NTBLCP guidelines and HIV screening using National algorithm. The training has as its objective to orient the laboratory staffs on how to complete NTBLCP and NACP recording and reporting forms. The participants were from Adamawa, Taraba, Oyo and Osun states. In all, 36 participants (9 Males and 27 Females) were trained.

5.1.12	Training of DOTS staff and LGATBLS on HCT	KNCV	176,473	 75%	Jun	 2012	HCT training was conducted for GHWs and LGA TBLS from Adamawa, Taraba, Nasarawa and Benue. Similar trainings were conducted in the DFB supported states of Oyo and Osun. The objectives of the training were to equip the participants to acquire knowledge on HIV services available for TB suspects and TB cases; Know the importance of Pre & Post test counselling; Understand the National HCT algorithm and HIV preventive measures. They were also trained on the ethics in HCT and on the completion of the different recording and reporting formats used in HCT. The methodology employed include:- power point presentations, self study, discussions, demonstration, punctuated lecture and role play. A total of 74 participants (33 Males & 41 Females) attended the trainings
5.1.13	Support QMs of State TB/HIV Working Groups	KNCV	71,331	 75%	Jun	 2012	A total of 4 states out of 9 (Abia, Ebonyi, Enugu and Rivers) supported by GLRA held their quarterly review meetings. Those that did not hold include Akwa Ibom, Bayelsa, Imo, Ekiti and Ondo States. While Imo and Bayelsa cited lack of time due to late release of funds, the remaining 3 States still maintained under-funding as the reason for not carrying out the activity. Similar meeting were held in 2 TLMN supported states of Zamfara and Kogi states. Some of the Challenges identified include: 1. Inadequate funding leading to difficulty in maintaining the approved composition for Rivers State and in the TLMN supported states. Situation also same for Enugu State. TB/HIV activities are done on routine duty basis and not necessarily as a Working Group in Rivers State. Also Rivers State, reported frequent change in the membership due to recurrent staff movement. Other issues discussed during the meeting include the lack of HIV test kits; whilst Ebonyi State reported limited number of ART Sites in the face of an overwhelming needy clients; Lack of Septrin in DOTS facilities remains a big challenge and makes CPT implementation difficult
5.1.14	Support TBCARE I pre-implementation workshop for	KNCV	49,070	 100%	May	 2011	Completed in Q2
5.1.15	Support participation HIV/AIDS Conference	KNCV	9,216	 0%	Jul	 2012	Dr. Emperor and Dr. Omoniyi have been selected by the NTBLCP to participate in the upcoming AIDS 2012 Conference in Washington DC in July 2012.
				 57%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
6.1 Improved infrastructure for service delivery	6.1.1	Renovation of DOTS facilities	KNCV	170,270	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	A total of 24 DOTS facilities were renovated during the Quarter. Of these figure 18 were from the NLR supported states of Bauchi, Adamawa, Plateau, Benue, Taraba,Katsina, Yobe and Gombe States. 2 were from DFB states of Oyo and Osun Whilst the remaining 4 renovations are taking place in the GLRA supported states of Imo and Ondo to cater for the outstanding facilities - 3 in Imo and 1 in Ondo.
6.2 Enhanced diagnostic services	6.2.1	Support distribution of HIV test kits and	WHO	36,649	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	Ongoing
	6.2.2	Renovation of labs	KNCV	111,081	<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	A total of 15 labs were renovated during the quarter. 13 of the labs were by NLR and the remaining 2 were from DFB states
	6.2.3	Purchase of Cycloserine	KNCV	5,740	<div><div></div></div> 100%	Jun	<div><div></div></div> 2011	This activity leverages funding from activity 4.2.11 in the OP workplan.
				<div><div></div></div> 81%				

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Month Year		Cumulative Progress and Deliverables up-to-date
7.1 Improved quality of TB/HIV data	7.1.1	Stakeholders meeting to develop data collection system NASCP	KNCV	8,716	 25%	May	 2012	Ongoing discussion and the planning; the first situational review and gap analysis meeting already scheduled to be held in 2nd week of May 2012 in Lagos and NASCP is driving this process. 6 states team comprising of SASCP, SACA, DPH, STBLCO will be participating in this meeting.
	7.1.2	Training SAPC/SACA/LAPC/LACA on data collection in 4 states	KNCV	113,297	 25%	Mar	 2012	Ongoing discussion and the planning; the first situational review and gap analysis meeting already scheduled to be held in 2nd week of May 2012 in Lagos and NASCP is driving this process. 6 states team comprising of SASCP, SACA, DPH, STBLCO will be participating in this training.
	7.1.3	Procure laptop TB/HIV FP NASCP	KNCV	1,351	 100%	Apr	 2011	A laptop was procured for the NASCP Focal Person within the FMOH.
	7.1.4	Review and produce TB/HIV referral formats	WHO	12,629	 100%	Feb	 2012	A National TBHIV referral form was adopted for a two way referral system by team from NASCP, NTBLCP and WHO with inputs from partners, which takes into consideration possible reasons for TBHIV referrals(such as CPT, ART, support services etc) with a feed back component of the form to be filled by receiving health facilities and sent back. It was agreed that the TBHIV referral form will be in triplicate. The final form was thereafter printed with support from GFATM.
	7.1.5	Joint supervision state TB/HIV Task Teams	KNCV	6,357	 75%	Mar	 2012	Ongoing
	7.1.6	QMs State TB/HIV Task Teams	KNCV	4,995	 75%	Mar	 2012	Ongoing
	7.1.7	Supervision MAs to States	KNCV	112,378	 75%	Mar	 2012	A total of 18 supervisory visits were conducted during the quarter. NLR participated in the International Joint Monitoring Mission (JIMM) 2012 to Benue, Gombe and Taraba States . Some of the findings of the visit was evidence of Government (Benue) commitment and political will to the programme (release 20 million Naira as counterpart funding in 2010), availability of clinic sputum and laboratory registers in all the health facilities visited, adequate drugs supply and documentation in most health facilities visited and SOP for transition to 6 months regimen and use of treatment supporter was available in many health facilities visited in Gombe. In addition 4 supportive supervisory visits were conducted by GLRA MAs in Q1 2012 to Ekiti, Enugu and Ebonyi and Ogun states. DFB also visited Oyo and Osun states. These visits were aimed at consolidating on the training workshops done for the DOTS Providers on TB DOTS/TB-HIV Collaborative activities as well as on HCT. It was also an opportunity to have on the spot assessment of extent of renovation work done in planned facilities within the visited States. Some of the key findings include: The planned renovation of TBCARE1-supported facilities in Enugu and Ebonyi had been carried out successfully with evidence in place. Unavailability of HIV Test Kits in the facilities visited continue to hamper the realisation of HCT services in DOTS Clinics

<b>7.1.8</b>	Supervision States to LGATBLS	KNCV	80,027	 75%	Jul	 2011	A total of 84 supervisory visits were conducted by the state to the LGAs and facilities by the NLR (54) and GLRA (30) supported states during the quarter. The Objectives were : To ensure an efficient and effective implementation of TB/HIV collaborative activities in accordance with the stipulated National guidelines and to validate TBLS supervisory activities in those LGAs. Findings from the supervision reveals availability of cat 1 anti-TB drugs in all facilities visited; improvement in record keeping and use of facility register was also reported by most of the states. Though most of the states had adequate recording and reporting material but low TB case finding was seen as a challenge. Most DOTS facilities still understaffed mainly having just one staff assigned for TB unit. coupled with lack of HIV test kits; CPT and low uptake of IPT/ART
<b>7.1.9</b>	Supervision LGATBLS to facilities	KNCV	13,622	 75%	Mar	 2012	Similarly a total of 233 supervisory visits were reported by the LGTBLS in NLR states (113) and GLRA (120) supported states to facilities. Findings from the visits suggests an improvement in the conduct of health education for patients and use of treatment supporters in states implementing 6 month treatment has been reported. Screening of TB suspects and patients for HIV was done by most of the states despite the challenge of erratic supply of HIV test kits in some health facilities. However shortages of HIV test kits were reported in plateau Katsina and Yobe. and other findings are similar to
<b>7.1.10</b>	Supervision State QA officer to microscopic centers	KNCV	116,919	 75%	Mar	 2012	72 visits were conducted by the state NLR state (42) QA officer and GLRA (30) state QAO to various laboratories during the quarter. All the laboratories visited have at least 1 trained staff with regular supply of reagents and good slides storage facilities. However, inadequate space and ventilation remain a challenge in some laboratories. The quality of microscopy was improved with regular visits by the QAO, although not all laboratories are visited every quarter. Staff inability to carry out weekly Internal Quality Control in some facilities in Akwa Ibom State. Need for more staff on the TB bench to cope with the ever increasing work load and Some microscopist still weak in smear making on TB bench amongst others.
<b>7.1.11</b>	Procure desktop/printer for Central Office of TB Network	KNCV	1,351	 100%	Jul	 2011	A desktop/printer was procured for the TB Network and installed in the TB CARE I Office in order to allow the TB Network to work whenever they are attending meetings of the National TBL Control Programme or the Global Fund.
				 <b>73%</b>			